



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE  
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7590 08/13/2004

E. J. BROOKS & ASSOCIATES, PLLC  
1221 NICOLLET AVENUE  
SUITE 500  
MINNEAPOLIS, MN 55403

11/16/2004 TBESHAH2 00000010 10714034

01 FC:1501 1370.00 OP  
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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Sarah L. Reinhard (Depositor's name)  
Sarah L. Reinhard (Signature)  
11/10/04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10714,034	11/14/2003	Kristian DiMatteo	760-108 DIV/CON	1395

TITLE OF INVENTION: IMPLANTABLE PROSTHETIC VALVE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	11/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
JACKSON, SUZETTE JAMIE	3738	623-001240

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Brooks & Cameron, PLLC  
2. 1221 Nicollet Ave, Ste 500  
3. Minneapolis, MN 55403

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Scimed Life Systems, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature)

(Date)

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Kristian DiMatteo, et al. Confirmation No. 1395  
Serial No.: 10/714,034 Examiner: Suzette J. Jackson  
Filed: November 14, 2003 Art Unit: 3738  
Docket: 98-P0141CON  
Title: IMPLANTABLE PROSTHETIC VALVE

**MS ISSUE FEE**

Commissioner for Patents  
P.O. BOX 1450  
Alexandria, VA 22313-1450

We are transmitting herewith the following attached items and information (as indicated with an "X"):

- ☒ Return postcard(s) (2)
- ☒ Check in the amount of \$1,370.00 to cover the large entity Issue Fee Payment.
- ☒ Check in the amount of \$300.00 to cover the Publication Fee.
- ☒ Issue Fee Transmittal (Form PTOL-85) (1 pg.).
- ☒ Fee Address Indication Form (PTO/SB/47) (1 pg.).

**Customer Number 38356**

**CERTIFICATE UNDER 37 C.F.R. §1.8:** The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: **MS ISSUE FEE** Commissioner for Patents, P.O. BOX 1450, Alexandria, VA 22313-1450, on this 10<sup>th</sup> day of November, 2004.

Sarah L. Reinhard  
Name  
Sarah L. Reinhard  
Signature

Respectfully Submitted,  
Kristian DiMatteo, et al.

By: BROOKS & CAMERON, PLLC  
1221 Nicollet Avenue, Suite 500  
Minneapolis, MN 55403

Joseph C. Huebsch  
Atty: Joseph C. Huebsch  
Reg. No.: 42,673

Nov. 10, 2004  
Date: